

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY FEE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

U.S. v. Marie Calabraro

FOR Massachusetts
AT Boston

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Marie Calabraro

- 1 ☒ Defendant—Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

04-10265

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) ☒ Felony ☐ Misdemeanor

Theft of Mail

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED: \$22,000 from thrift savings plan to \$500/week for job - left job in 3/04
	CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$250
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND DESCRIBE IT VALUE: \$2000 Car over the amount owed on the car

OBLIGATIONS & DEBTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them		
	DEPENDENTS	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED SEPARATED OR DIVORCED	—		
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payment
		credit card		\$6000	\$
	WEMC		\$400	\$	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 10/13/04

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Marie Calabraro